U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2067	2. Fiscal Year Covered From:		
	1/1/2004 Through: [2]/31/2004		
Name and address of person filing.	Name, file number, and address of labor organization.		
Name DENMS J DOCAN	Name AIRLINE PILOTS ASSOCIATION, INTL		
	Labor Organization File Number 000-179		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 535 HERNDON PARKWAY	Street 535 HERNSON PARKWAY		
City HERNDON	City HERNDON		
State VIRGINIA ZIP Code + 4 20170-523	8 State VIRGINIA ZIP Code + 4 20170-523		
5. Position in labor organization. FIRST VICE PRES	IDENT		
Tivo in the little			
A. Held an interest in, engaged in transactions (including loans) with	clusions set forth in the instructions): or derived income or other economic benefit of		
(except as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiza	clusions set forth in the instructions): or derived income or other economic benefit of		
(except as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiza	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
(except as specified in the ex- A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
(except as specified in the ex- A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any). Name	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
(except as specified in the ex. A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
(except as specified in the expansion of	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the ex. A. Held an interest in, engaged in transactions (including loans) with, omonetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the extended in the ex	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
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(except as specified in the except as specified in the except as specified in the except and interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompany).	or derived income or other economic benefit of atton represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.		

Name of Person Filing DENNIS J. DOLAN	File Number U - 2067				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name BOE (NG COMPANY) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street / OO N. RIVERSIDE City BHICAGO State / LCINOIS ZIP Code + 4 60606	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	BUSINESS MEETING				
	11.b. Approximate dollar value of such dealing. # 240.00				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	COMPLIMENTARY MEAL 2/11				
	12.b. Amount. #60.00				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				
Form LM-30 (2003)	Page 2 of 2				

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8. Name and address of Business (including trade name, if any). Name WASHINGTON COURT HOTEL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 525 NEW TERSEY AVE, NW City WASHINGTON State DC ZIP Code + 4 2000/	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	EXECUTIVE BOARS/EXECUTIVE COUNCIL MEETINGS				
Street	11.b. Approximate dollar value of such dealing. #100019.70				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	COMPLIMENTARY HOTEL SUITE 5/34-5/35 \$1350/day x2=\$100				
	12.b. Amount. (***)				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

A Hold an Interest in or derived income or exconnective that more activations and substantial gard of which consists of burying from selling or derived ediating with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of burying from seelling or desirang with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name V ST N P D P D P 10. If 9 b. or 9 c. is checked give trust or employer's name. Name 10. If 9 b. or 9 c. is checked give trust or employer's name. Name 11. A. Nature of such dealing. 12. A. Nature of such dealing. 13. A. Nature of such dealing. 14. A. Na	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name WFSTIN DIPLOMAT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 35555. OCEAN DR City HOLLY WOOD State FLORIDA ZIPCode+4 330/9 10. If 9.b. or 9.c. is checked give trust or employer's name. Name BIEMAL BOARD OF DIRECTOR
Name WESTIN DIPLOMAT Trade Name, if any:	Name WESTIN DIPLOMAT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3555 S. OCEAN DR City HOLLY WOOD State FLORIDA ZIP Code + 4 330/9 10. If 9.b. or 9.c. is checked give trust or employer's name. Name BIENMAL BOARD OF DIRECTOR
Name BIEMMAL BOAR & OF & RECTORS MRETING P.O. Box, Bidg., Room No., if any	Name BIENMAL BOARD OF DIRECTOR
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 ZIP Code + 4 ZIP Code + 4 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Table Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: Trade Name, if any: Trade Name and Address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name and Address of Employer or Labor Relations Consultant (including trade name, if any). 14.b. Amount of payment.	Name BIENMAL BOARD OF DIRECTOR
City State ZIP Code + 4	
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	City
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	12.b. Amount. #6000-
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	C. Received from any employer (other than an employer covered under parts A and B above)
13.b. Is the Business an Employer or Consultant 2	(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
	13.b. Is the Business an Employer or Consultant ?

Name of Person Filing DENNIS J. DOLAN		File Number U - 2067			
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8. Name and address of Business (including trade name, if any). Name HYATT REGENCY RESTON Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1800 PRESIDENTS STREET City RESTON State VIRGINIA ZIP Code + 4 20190	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	EXECUTIVE C MEETING	COUNCIL / EXECUTIVE BOARD			
Street	11.b. Approximate dollar valu	ue of such dealing. 275 /30.65			
City	12.a. Nature of interest held				
State ZIP Code + 4		RASE TO CONCIERCE 113-9/14 \$130/bayx 2=60			
	12.b. Amount.	\$60.00			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				